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PCT**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/EP 00 / 05835

International Application No.

23 JUN 2000

(23.06.2000)

International Filing Date

EUROPEAN PATENT OFFICE

PCT INTERNATIONAL APPLICATION

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

CL/V-31010A/CVE-64

Box No. I TITLE OF INVENTION**UV-illumination device****Box No. II APPLICANT**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Novartis AG
Schwarzwaldallee 215
4058 Basel
CH

 This person is also inventor

Telephone No. +41 61 324 11 11

Facsimile No. +41 61 322 75 32

Teleprinter No.

State (that is, country) of nationality: CH

State (that is, country) of residence: CH

This person is applicant all designated States all designated States except the United States of America the United States of America only

 the States indicated in the Supplemental Box**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Novartis-Erfindungen
Verwaltungsgesellschaft m.b.H.
Brunner Strasse 59
1230 Vienna
AT

This person is:

- applicant only
- applicant and inventor
- inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

AT

State (that is, country) of residence:

AT

This person is applicant all designated States all designated States except the United States of America the United States of America only

 the States indicated in the Supplemental Box Further applicants and/or (further) inventors are indicated on a continuation sheet.**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

BECKER, Konrad
Novartis AG
Corporate Intellectual Property
Patent & Trademark Department
4002 Bas
CH

Telephone No. +41 61 324 11 11

Facsimile No. +41 61 322 75 32

Teleprinter No.

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III

FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HEINRICH, Axel
Aylesbury Farms
6115 Abbotts Bridge Road, Apartment # 1409
Duluth, GA 30097
US

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

DE

State (that is, country) of residence:

US

This person is applicant
for the purposes of:

all designated
States

all designated States except
the United States of America

the United States
of America only

the States indicated in
the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MÜLLER, Achim
Kolpingstrasse 44A
63762 Grossostheim
DE

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

This person is applicant
for the purposes of:

all designated
States

all designated States except
the United States of America

the United States
of America only

the States indicated in
the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SEIFERLING, Bernhard
Dr. Wohlfahrt Strasse 6
63773 Goldbach
DE

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

This person is applicant
for the purposes of:

all designated
States

all designated States except
the United States of America

the United States
of America only

the States indicated in
the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant
for the purposes of:

all designated
States

all designated States except
the United States of America

the United States
of America only

the States indicated in
the Supplemental Box

Box No.V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):
 Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line).....

National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input checked="" type="checkbox"/> AE United Arab Emirates	<input checked="" type="checkbox"/> LR Liberia.....	
<input checked="" type="checkbox"/> AL Albania.....	<input checked="" type="checkbox"/> LS Lesotho.....	
<input checked="" type="checkbox"/> AM Armenia.....	<input checked="" type="checkbox"/> LT Lithuania.....	
<input checked="" type="checkbox"/> AT Austria.....	<input checked="" type="checkbox"/> LU Luxembourg.....	
<input checked="" type="checkbox"/> AU Australia.....	<input checked="" type="checkbox"/> LV Latvia.....	
<input checked="" type="checkbox"/> AZ Azerbaijan.....	<input checked="" type="checkbox"/> MA Morocco.....	
<input checked="" type="checkbox"/> BA Bosnia and Herzegovina.....	<input checked="" type="checkbox"/> MD Republic of Moldova.....	
<input checked="" type="checkbox"/> BB Barbados.....	<input checked="" type="checkbox"/> MG Madagascar.....	
<input checked="" type="checkbox"/> BG Bulgaria.....	<input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia.....	
<input checked="" type="checkbox"/> BR Brazil.....	<input checked="" type="checkbox"/> MN Mongolia.....	
<input checked="" type="checkbox"/> BY Belarus.....	<input checked="" type="checkbox"/> MW Malawi.....	
<input checked="" type="checkbox"/> CA Canada.....	<input checked="" type="checkbox"/> MX Mexico.....	
<input checked="" type="checkbox"/> CH und LI Switzerland and Liechtenstein	<input checked="" type="checkbox"/> NO Norway.....	
<input checked="" type="checkbox"/> CN China.....	<input checked="" type="checkbox"/> NZ New Zealand.....	
<input checked="" type="checkbox"/> CR Costa Rica	<input checked="" type="checkbox"/> PL Poland.....	
<input checked="" type="checkbox"/> CU Cuba.....	<input checked="" type="checkbox"/> PT Portugal.....	
<input checked="" type="checkbox"/> CZ Czech Republic.....	<input checked="" type="checkbox"/> RO Romania.....	
<input checked="" type="checkbox"/> DE Germany.....	<input checked="" type="checkbox"/> RU Russian Federation.....	
<input checked="" type="checkbox"/> DK Denmark.....	<input checked="" type="checkbox"/> SD Sudan.....	
<input checked="" type="checkbox"/> DM Dominica.....	<input checked="" type="checkbox"/> SE Sweden.....	
<input checked="" type="checkbox"/> EE Estonia.....	<input checked="" type="checkbox"/> SG Singapore.....	
<input checked="" type="checkbox"/> ES Spain.....	<input checked="" type="checkbox"/> SI Slovenia.....	
<input checked="" type="checkbox"/> FI Finland.....	<input checked="" type="checkbox"/> SK Slovakia.....	
<input checked="" type="checkbox"/> GB United Kingdom.....	<input checked="" type="checkbox"/> SL Sierra Leone.....	
<input checked="" type="checkbox"/> GD Grenada.....	<input checked="" type="checkbox"/> TJ Tajikistan.....	
<input checked="" type="checkbox"/> GE Georgia.....	<input checked="" type="checkbox"/> TM Turkmenistan.....	
<input checked="" type="checkbox"/> GH Ghana.....	<input checked="" type="checkbox"/> TR Turkey.....	
<input checked="" type="checkbox"/> GM Gambia.....	<input checked="" type="checkbox"/> TT Trinidad and Tobago.....	
<input checked="" type="checkbox"/> HR Croatia.....	<input checked="" type="checkbox"/> TZ United Republic of Tanzania.....	
<input checked="" type="checkbox"/> HU Hungary.....	<input checked="" type="checkbox"/> UA Ukraine.....	
<input checked="" type="checkbox"/> ID Indonesia.....	<input checked="" type="checkbox"/> UG Uganda.....	
<input checked="" type="checkbox"/> IL Israel.....	<input checked="" type="checkbox"/> US United States of America.....	
<input checked="" type="checkbox"/> IN India.....	<input checked="" type="checkbox"/> UZ Uzbekistan.....	
<input checked="" type="checkbox"/> IS Iceland.....	<input checked="" type="checkbox"/> VN Viet Nam.....	
<input checked="" type="checkbox"/> JP Japan.....	<input checked="" type="checkbox"/> YU Yugoslavia.....	
<input checked="" type="checkbox"/> KE Kenya.....	<input checked="" type="checkbox"/> ZA South Africa	
<input checked="" type="checkbox"/> KG Kyrgyzstan.....	<input checked="" type="checkbox"/> ZW Zimbabwe.....	
<input checked="" type="checkbox"/> KP Democratic People's Republic of Korea.....	Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:	
<input checked="" type="checkbox"/> KR Republic of Korea.....	<input checked="" type="checkbox"/> DZ Algeria.....	
<input checked="" type="checkbox"/> KZ Kazakhstan.....	<input checked="" type="checkbox"/> AG Antigua and Barbuda.....	
<input checked="" type="checkbox"/> LC Saint Lucia.....	<input checked="" type="checkbox"/> MZ Mozambique.....	
<input checked="" type="checkbox"/> LK Sri Lanka.....	<input checked="" type="checkbox"/> BZ Belize (from 17. June 2000).....	

Supplemental Box *If the Supplemental Box is not used, this sheet should not be included in the request.*

1. If, in any of the Boxes, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No." [indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:

(i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;

(ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;

(iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;

(iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;

(v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;

(vi) if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI;

(vii) if, in Box No. VI, the earlier application is an ARIPO application: in such case, write "Continuation of Box No. VI", specify the number of the item corresponding to that earlier application and indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed.

Continuation of Box No. II

Novartis AG is applicant for all designated States with the exception of: **AT (Austria)**
US (USA)

Continuation of Box No. III

Novartis-Erfindungen Verwaltungsgesellschaft m.b.H. is applicant for AT (Austria) only.

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box		
Filing Date of earlier application (day/month/year)		Number of earlier application	Where earlier application is:	
item (1) 25 June 1999 (25.06.99)		99112256.5	national application: country	regional application: regional Office
item (2)				international application: receiving Office
item (3)				

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s):

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA/	Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year) Number Country (or regional Office)		
--	---	--	--

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:	This international application is accompanied by the item(s) marked below:	
request : 5	<input checked="" type="checkbox"/> fee calculation sheet	
description (excluding sequence listing part) : 6	<input checked="" type="checkbox"/> separate signed power of attorney	
claims : 2	<input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: AV 36671 + 37586	
abstract : 1	<input type="checkbox"/> statement explaining lack of signature	
drawings : 3 <input checked="" type="checkbox"/> " "	<input checked="" type="checkbox"/> priority document(s) identified in Box No VI as item(s): (1)	
sequence listing part of description : -	<input type="checkbox"/> translation of international application into (language):	
Total number of sheets : 17 <input checked="" type="checkbox"/> " "	<input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	
	<input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form	
	<input type="checkbox"/> other (specify):	
Figure of the drawings which should accompany the abstract: --	Language of filing of the international application: English	

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request)

In the name of the applicants
The representative

K. Becker

30.05.2000

BECKER, Konrad, AV 36671 + 37586

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1. Date of actual receipt of the purported international application:	(23.06.00) 23 JUN 2000
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA/	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.
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Date of receipt of the record copy	